



# EMPLOYEE BENEFITS ENROLLMENT GUIDE

PLAN YEAR 2022



**Harrison County Government**  
Harrison County, Indiana



**AssuredPartners**



# Welcome to your 2022 Employee Benefits!

Harrison County Government recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your Human Resources Department.

## What's Inside

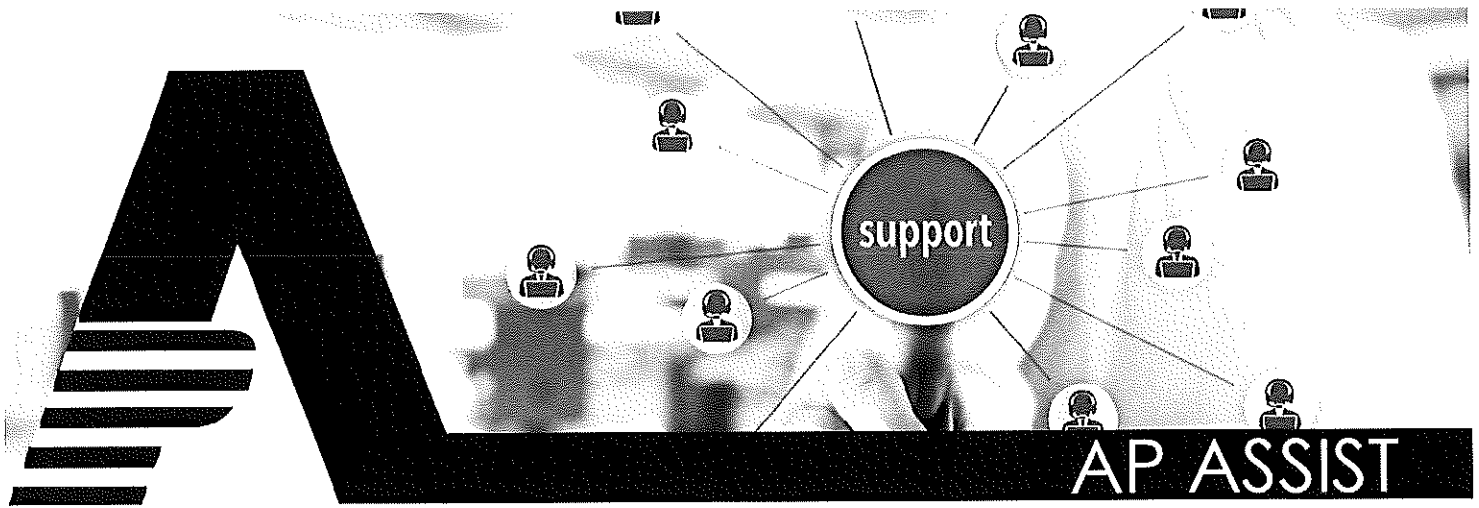
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*PLEASE NOTE: This booklet provides a summary of the benefits available but is not your Summary Plan Description (SPD). Harrison County Government reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.*

# Carrier Contacts

Harrison County Government Carriers	Website	Phone
<b>Medical</b>		
Anthem Group # W11580	<a href="http://www.anthem.com">www.anthem.com</a>	1.833.578.4441
<b>Dental</b>		
Anthem Group # W11580	<a href="http://www.anthem.com">www.anthem.com</a>	1.877.604.2142
<b>Vision</b>		
Anthem Group # W11580	<a href="http://www.anthem.com">www.anthem.com</a>	1.866.723.0515
<b>Customer Resource Center</b>		
APAssist	<a href="mailto:apassist@assuredpartners.com">apassist@assuredpartners.com</a>	1.833.664.7195

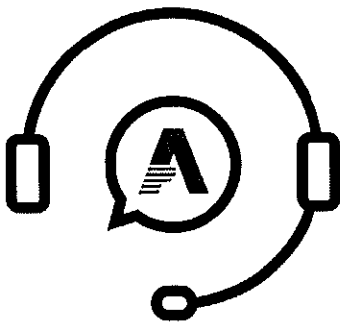




## Customer Resource Center

The AP Assist team is a year-round customer resource center available to employees of Harrison County Government comprised of experienced and helpful benefits counselors that will:

- Assist with understanding plan benefits and eligibility rules
- Help with understanding EOB's and other plan materials
- Assist with billing and enrollment issues
- Work with the insurance companies to resolve claims and billing issues
- Provide information about benefits options after a life event like marriage, birth, death, divorce, job change
- Assist in obtaining member ID Cards



**Monday through Friday, 8:30 AM – 5:00 PM (EST)**



**EMAIL:** [apassist@assuredpartners.com](mailto:apassist@assuredpartners.com)



**PHONE:** 833.664.7195



**POWER** *through Partnership*

AP Assist | [apassist@assuredpartners.com](mailto:apassist@assuredpartners.com) | 833.664.7195

# Eligibility

Harrison County Government shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

## **Who is eligible for Benefits**

- For new employees working 30 hours per week, benefits begin on the first of the month following 30 days.
- All current employees working 30 hours per week.

## **Eligible Dependents**

- A spouse whom you are legally married
- A dependent child under the age of 26. Coverage terminates at the end of the month of the dependents 26<sup>th</sup> birthday

**Please Note:** If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may be reprocessed and become your responsibility. Anyone found providing false statements will be subject to discipline up to and including termination of employment.

# Benefit Change in Status

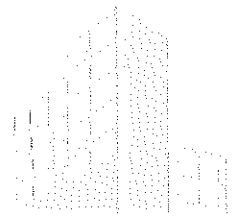
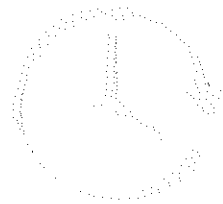
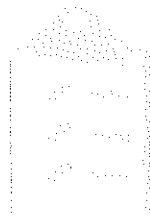
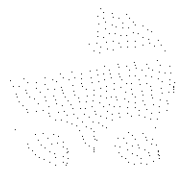
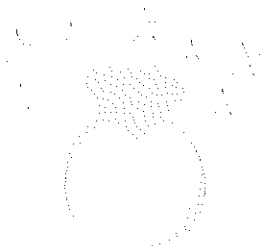
Harrison County Government sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay for some or all of those benefits with pre-tax dollars.

Harrison County Government plan year is January 1<sup>st</sup> through December 31<sup>st</sup>. Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. You will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event. Examples of qualifying events that may entitle you to make a mid-year change in your election during a Plan Year, include:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare



**You must notify your Human Resources Department within 30 days from the Status Change in order to make a change in your benefit selections.**



# Medical Insurance



Anthem medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit [www.anthem.com](http://www.anthem.com) or call 1.833.578.4441.

Get the most out of your Anthem benefit plan, register online and take advantage of the easy-to-use tools and resources available to members.

	Option 1 – Core Plan		Option 2 – Buy Up	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b> <i>(Individual / Family)</i>	\$1,000 / \$2,000	\$3,000 / \$6,000	\$500 / \$1,000	\$1,000 / \$2,000
<b>Out of Pocket Maximum</b> <i>(Individual / Family)</i>	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Physician Office Visits</b> <i>Primary Care / Specialist</i>	\$30 Copay / \$30 Copay	50% Coinsurance	\$25 Copay / \$25 Copay	40% Coinsurance
<b>Preventive Care</b>	Covered In Full	50% Coinsurance	Covered In Full	40% Coinsurance
<b>Emergency Room Copay</b>	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
<b>Urgent Care Copay</b>	\$75 Copay	50% Coinsurance	\$75 Copay	40% Coinsurance
<b>Outpatient Surgery Hospital / Alternative Care Facility</b>	20% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Prescription Drugs</b>				
<b>Retail 30 day supply</b> <i>Tier 1 / 2 / 3</i>	\$10 / \$25 / \$40	50% min \$40 <sup>3</sup>	\$10 / \$20 / \$30	50% min \$30 <sup>3</sup>
<b>Mail Order 90 day supply</b> <i>Tier 1 / 2 / 3</i>	\$10 / \$60 / \$100	Not Covered	\$10 / \$50 / \$90	Not Covered

<sup>3</sup> Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Employee Payroll Deductions <i>(24 deductions per year)</i>	Option 1 – Core Plan	Option 2 – Buy Up
<b>Employee</b>	\$17.85	\$42.32
<b>Employee + Spouse</b>	\$37.49	\$88.87
<b>Employee + Child(ren)</b>	\$32.13	\$76.17
<b>Employee + Family</b>	\$56.98	\$135.07



# Dental Insurance



Good dental health promotes good overall health, and regular dental checkups can lead to early detection of several types of underlying medical issues such as diabetes, leukemia, oral cancer, pancreatic cancer, heart disease, kidney disease, and osteoporosis. For more information on the dental plan please visit [www.anthem.com](http://www.anthem.com) or call 1.877.604.2142.

	In Network	Out of Network
<b>Deductible</b> <i>Single / Family</i>	\$25 Single / 3 X Individual	
<b>Maximum Benefit</b>	\$1,000	
<b>Diagnostic &amp; Preventive Services</b>		
– Oral examinations	100% Coinsurance	100% Coinsurance
– Full mouth & Bitewing X-rays		
– Cleanings		
<b>Basic Services</b>		
– Amalgam Fillings	80% Coinsurance	80% Coinsurance
– Front composite filling		
– Back composite filling		
– Simple extractions		
<b>Oral Surgery</b>	80% Coinsurance	80% Coinsurance
– Surgical extractions		
<b>Endodontics</b>	50% Coinsurance	50% Coinsurance
– Root Canal Therapy		
<b>Periodontics</b>	50% Coinsurance	50% Coinsurance
– Scaling and Root Planning		
<b>Major Services &amp; Prosthodontics</b>		
– Crowns	50% Coinsurance	50% Coinsurance
– Dentures		
– Bridges		
– Dental Implants		
<b>Orthodontia</b> <i>(Dependent Children Only)</i>	50% Coinsurance	50% Coinsurance
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000



To locate a participating provider visit [www.anthem.com](http://www.anthem.com) or call 1.877.604.2142

## Employee Payroll Deductions (24 deductions per year)

Employee	\$12.23
Employee + Spouse	\$27.14
Employee + Child(ren)	\$35.59
Family	\$50.51

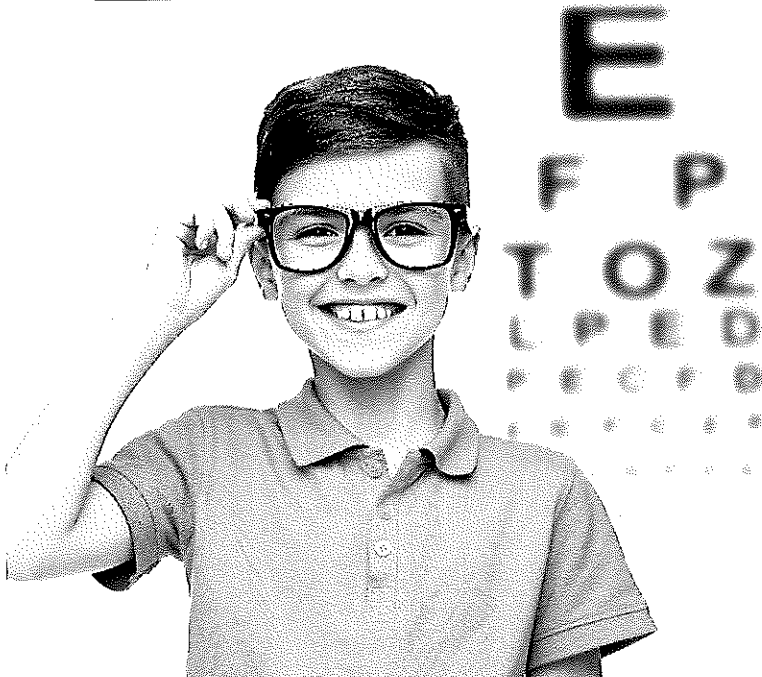


# Vision Insurance



Anthem provides rich, flexible vision plans covering exams and materials, making it more affordable to keep your eyes healthy. For more information or to locate a participating provider please visit [www.anthem.com](http://www.anthem.com) or call 1.866.723.0515.

	In Network	Out of Network
<b>Routine Eye Exam</b> ( <i>every calendar year</i> )	\$20 copay	Up to \$42 allowance
<b>Eyeglass Frames</b> ( <i>every calendar year</i> )	\$130 allowance, 20% off balance	Up to \$45 allowance
<b>Standard Plastic Lenses</b>		
Standard Single		Up to \$40 allowance
Standard Bifocal	\$20 Copay	Up to \$60 allowance
Standard Trifocal		Up to \$80 allowance
<b>Contact Lenses</b> ( <i>every 12 months</i> )	In lieu of eye glasses	
Elective Conventional	\$130 allowance, 15% off balance	Up to \$105 allowance
Elective Disposable	\$130 allowance	Up to \$105 allowance
Medically Necessary	Covered in Full	Up to \$210 allowance



## Employee Payroll Deductions (24 deductions per year)

Employee	\$5.22
Employee + Spouse	\$9.40
Employee + Child(ren)	\$9.40
Family	\$15.11



# LiveHealth Online

What you need to know about video visits  
with a doctor, 24/7

## What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.\*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

## Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at [livehealthonline.com](http://livehealthonline.com) to print, email or fax to your primary care doctor.



**LiveHealth**  
ONLINE

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

## When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

## How does LiveHealth Online work?

When you need to see a doctor, simply go to [livehealthonline.com](http://livehealthonline.com) or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.



Live life to the fullest –  
without paying full price



## Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.\* It's just one of the perks of being an Anthem member. Check out how much you can save:

### Vision, hearing and dental

**Glasses.com™** and **1-800-CONTACTS®** — Get the latest brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping and free returns.

**EyeMed** — Get 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

**Premier LASIK** — Save \$800 on LASIK when you choose any 'featured' Premier LASIK Network provider. Save 15% with all other in-network providers.

**TruVision** — Save up to 40% on LASIK eye surgery at more than 1,000 locations (over 6.5 million procedures performed in the network).

**Natlans Hearing** — Get hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each, powered by the Beltone network.

**Hearing Care Solutions** — Digital instruments start at \$500. Plus, get a free hearing exam. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, two years of batteries and unlimited visits for one year.

**Amplifon** — Get 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

**ProClear™ Aligners** — Get \$1,200 off a set of custom aligners. Improving your smile shouldn't cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home — all at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit, along with your great-looking smile.



## Special Offers on anthem.com

### Fitness and health

**Active&Fit Direct™** — Active&Fit Direct allows you to choose from more than 9,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

**FitBit** — Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.

**Garmin** — Get 25% off select Garmin wellness devices.

**Jenny Craig** — Take advantage of a free, three-month program (food not included) plus \$120 in food savings (purchase required), or save 50% off premium programs (food cost separate).

**ChooseHealthy** — Get discounts on acupuncture, chiropractic, massage and fitness clubs.

**Global Fit** — Get discounts on gym memberships, fitness equipment, coaching and more.

### Family and home

**23andMe** — Get \$40 off each Health + Ancestry kit. Your DNA says a lot about you. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

**Safe Beginnings®** — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

**Nationwide Pet Insurance** — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

**ASPCA Pet Insurance** — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

**WINFertility®** — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

**LifeMart®** — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

### Medicine and treatment

**SelfHelpWorks** — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

**Brevena** — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

**Puritan's Pride** — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

**Allergy Control Products** — Save 20% on select doctor-recommended products such as allergy friendly bedding, air purifiers and filters, asthma products and more. Plus enjoy free shipping on all orders over \$79 when shipping ground within the contiguous U.S.

**National Allergy® supply** — Save 20% on select National Allergy® Doctor Recommended Products.

- Allergy bedding
- Air purifiers and filters
- Home allergy products
- Personal care
- Humidifiers and dehumidifiers
- Vacuums and steam cleaners

To find the discounts that are available to you, log in to **anthem.com** and select **Discounts**.

\* All discounts are subject to change without notice.



## GOOD HEALTH IS WORTH IT

### Your guide to earning rewards with Wellbeing Solutions

Your whole health matters. That's why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and well-being. You receive extra guidance and support in managing your health, plus you can earn monetary rewards.

#### Earn up to \$200 in rewards

Anthem Health Rewards<sup>1</sup> offers you and your covered spouse or partner up to \$200 in rewards for taking part in employer-sponsored health and wellness programs. You will receive your rewards through a reloadable debit rewards card or an account deposit.<sup>2</sup> You can see the status of your progress on [anthem.com](http://anthem.com) or download the free Sydney Health mobile app.

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### Includes

#### Well-being Coach<sup>3</sup>

Well-being Coach offers multiple options to help you meet your well-being goals. Our digital coaching app offers personalized 24/7 support on the go, whenever you need it. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight or quit tobacco. You can also receive additional help on well-being topics like nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand or require additional support meeting your health goals, Well-being Coach gives you access to a certified Health Coach by phone. You and your coach will identify habits you want to change and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

## Rewards you can earn (up to \$200 total)

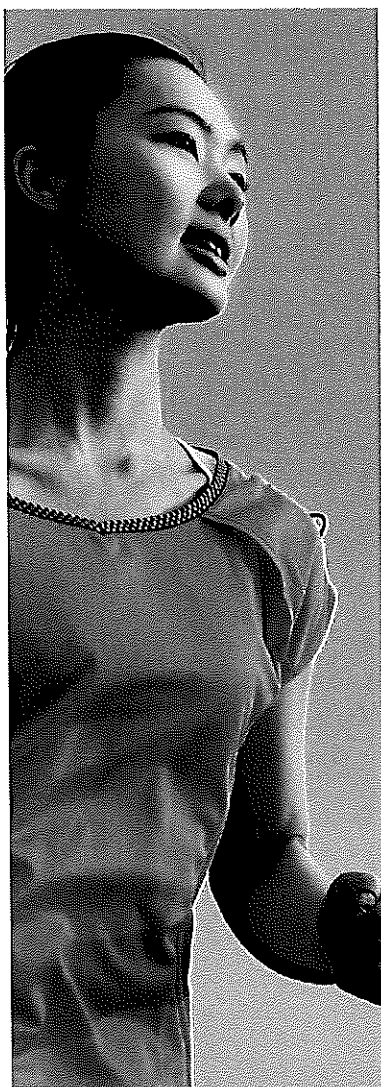
### Flu shot and wellness visit reward - up to \$50

For extra motivation to stay healthy, you can earn \$50 in rewards for receiving a claims-based annual preventive wellness exam and flu shot.

Visit your primary care doctor's office for your wellness exam. You can also receive a flu shot at your doctor's office, or at a pharmacy or retail clinic. Your wellness exam or flu shot do not need to be completed in any particular order or together. Be sure to submit the claims to Anthem or ask your doctor or other provider to submit them to Anthem for you.<sup>4</sup>

### My Health Rewards Activities - up to \$150

Keep up healthy habits by tracking your activity through [anthem.com](http://anthem.com), Sydney Health or the Well-being Coach app. You can also track rewards activities through a variety of devices, such as Apple Health Kit, Google Health, and more. Go to the Help section of Sydney Health for a full list of supported devices.



#### Sydney Health Activities

- Login to website or mobile app - 10 points / yearly
- Connect a tracking device - 15 points / yearly
- Complete the WebMD Health Risk Assessment - 75 points / yearly
- Read five articles or watch five videos - 25 points / yearly (5 points earned at a time)
- Article/video topics include: exercise, healthy eating, sleep, family health, mind & body, what's new, trending, and more
- Set an action plan - 10 points / once per quarter
- Action plans include: Eat Healthy, Achieve a Healthy Weight, Get Active, Increase Energy, Reduce Stress and Sleep Better
- Complete an action plan - 100 points / once per quarter
- Track steps
  - Average 2,000 steps a day - 2 points / monthly
  - Average 5,000 steps a day - 5 points / monthly
  - Average 7,500 steps a day - 10 points / monthly

#### Well-being Coach Activities

- First completed Mission daily check-in - 10 points
- Achieve 15 completed Mission daily check-ins during the first three months - 15 points
- Achieve 25 completed Mission daily check-ins during the second three months - 25 points
- Achieve 25 completed Mission daily check-ins during third three months - 25 points
- Achieve 25 completed Mission daily check-ins during fourth three months - 25 points

You will receive a reward payout when you reach the milestones of 100, 200 and 300 points. One hundred points equals \$50.

**Example:** First, you receive a reward payout when you reach the 100 point milestone. Then, your points balance resets to zero. To reach the next milestone, you will need to earn 200 points. When you reach this 200 point milestone, you receive a reward payout and your points will reset again to zero. To receive the final reward payout, you will need to earn another 300 points.

**YOU DESERVE GOOD HEALTH**  
**START TODAY. REGISTER AT [ANTHEM.COM](http://ANTHEM.COM) OR**  
**DOWNLOAD THE FREE SYDNEY HEALTH MOBILE APP.**



Download on the  
**App Store**

GET IT ON  
**Google Play**



## From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

**Anthem**  

1. *Journal of the American Medical Association*, 1994; 271: 1000-1001.

# Compliance Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### FLORIDA – Medicaid

Website: <http://flmedicaltplecovery.com/hipp/>  
Phone: 1-877-357-3268

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)  
CHP+ Customer Service: 1-800-359-1991/  
State Relay 711

### IOWA – Medicaid

Website:  
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/ombp/nhhipp/>  
Phone: 603-271-5218  
Hotline: NH Medicaid Service Center at 1-888-901-4999

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

### NEW JERSEY – Medicaid and CHIP

Medicaid Website:  
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

### LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b> Website: <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## Continuation of Coverage under COBRA

Employers who employ 20 or more employees are subject to the continuation provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment for reasons other than gross misconduct, reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage Choose and Enter Appropriate Information: **must pay or aren't required to pay** for COBRA continuation coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

For more information about your rights and obligations under COBRA, you should review the Plan's Summary Plan Description or contact **Your Plan Administrator**.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days or any longer period that applies under the plan** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent, because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days or any longer period that applies under the plan** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or the Children's Health Insurance Program (CHIP), or when you and/or your dependents gain eligibility for state premium assistance. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, contact **your plan administrator**.

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## USERRA Health Insurance Protection

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights to continue your coverage, contact the plan administrator.



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Stacy Cooper 812-738-8241

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Harrison County Government		4. Employer Identification Number (EIN) 35-6000153	
5. Employer address 245 Atwood Suite 211		6. Employer phone number 812-738-8241	
7. City Corydon	8. State IN	9. ZIP code 47112	
10. Who can we contact about employee health coverage at this job? Steve Conner			
11. Phone number (if different from above)		12. Email address Scooper@harrisoncounty.in.gov	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time employees working 30 hours or more per week

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouses and Dependent children

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



